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ABSTRACT

To function effectively, a reading specialist must be trained to diagnose reading difficulties, prescribe and implement appropriate treatment, and work effectively with both teachers and children in an interpersonal environment. As an alternative solution to the traditional campus reading clinic, a dual based clinic was established with theory and reading methods classes meeting at the university and the inservice practicum taking place at a nearby high school. The program provided preservice education for undergraduate students, inservice training for reading specialists, teachers, and teachers' aides, and research opportunities for doctoral students. After students completed the university theory courses, they became involved in the public school learning center as part of one of three teams: the front line team--those working directly with children, analyzing their reading problems and planning appropriate courses of study; the back-up team--those learning to diagnose reading problems and to design remedial procedures; and the research team--doctoral students who carry out research related to the operation of the clinic. (MAI)

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UNIVERSITY READING CLINICS - A NEW LOOK

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Reading clinics have been established in universities for three main reasons:

1. to train graduate students to diagnose, prescribe, and implement treatment programs for children with reading problems.

2. to provide opportunities for research.

3. to serve as a model for public school systems wishing to establish special services in their schools.

The thesis of the following article is that a traditional university clinic is no longer suitable for meeting the above purposes and proposes an alternative solution.

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Yesterday's Schools and Reading Clinics

Traditionally, reading clinicians have been referred children who were unable to progress in reading under the guidance of the classroom teacher. This teacher was usually offering a planned program of reading instruction which met the needs of students functioning on or near grade level. Those children who were functioning at such a low level that they were unable to profit from this instruction were sent to the reading clinic.

The reading clinic was traditionally located "down the hall" and away from the classroom. This gap between classroom and clinic was often psychological as well as physical, and there was little contact between reading clinician and classroom teacher. The classroom teacher, unaware of the child's reading strengths and weaknesses, often failed to modify the classroom program to meet his reading level. The classroom teacher, furthermore, due to a lack of contact with the clinician, was not able to profit from her knowledge.

Today's Schools and Public School Reading Clinics

William L. Rutherford (1971, p.49) states:

> "a teacher who respects these imperatives of good instruction will structure his reading program in the following manner:
>
> 1. Begin the instructional program with a diagnosis of the specific reading needs of each child.
> 2. Design all lessons or learning experiences to meet the needs identified through diagnosis.

3. Define in precise terms what children are to learn in each lesson.
4. Teach to accomplish these objectives, avoiding tasks that frustrate pupils and tasks that do not contribute to the accomplishment of the objectives, e.g., meaningless recall questions.
5. Following the lesson, evaluate to determine what each child knows, not just what the "answering" student knows.
6. Plan the next lesson on the basis of this evaluation.

The child in a school where such instructional imperatives are followed will be favored with a reading program which suits his instructional needs.

A program such as Dr. Rutherford describes is certainly a desirable one and one toward which all schools should progress as quickly as possible. However, the teacher in a school where a diagnostic reading program, such as that described above, is used must have many skills. He must be well-grounded in the finite scope and sequence of reading skills. He must know how to use criterion-referenced tests to diagnose each child on these skills and know methods and materials for teaching him those skills which he has not yet mastered but is ready to master. Furthermore, the teacher must know how to plan lessons and organize his classroom so that the program proceeds without undue interruption.

Role of the Reading Specialist

If such a system were working perfectly, then a reading specialist would not be needed. However, this is not the case

in most schools. Many teachers who have not taken a reading course for several years do not have diagnostic/prescriptive skills. Directors of reading programs often find that even recent graduates from the most modern teacher training institutes do not have the requisite skills. In a recent study by Gee (1973) in which college personnel in Texas engaged in teaching undergraduate reading methods courses were polled as to the curriculum of their courses, no mention was made of diagnostic/prescriptive instruction.

The role of the reading specialist, then, in modern schools must be to help teachers implement diagnostic/prescriptive programs which meet the learning needs of all students. In order to perform this role, the reading specialist must have the following skills

1. Those listed above for the classroom teacher, but to a greater degree of proficiency.

2. Interpersonal skills which allow him to work effectively with adults.

This changing role of the reading specialist necessitates changes in the training of such personnel. Whereas reading specialists in the past could be satisfactorily trained in a reading clinic located on a university campus where children were brought for diagnosis and treatment as children would later be brought to the specialists' public school clinics, today's reading specialist needs to be trained in the public

school setting where interaction with teachers and pupils can take place.

Design of a Modern Reading Clinic

There are many ways in which a clinic to train reading specialists for the role of resource person for teachers in a diagnostic/prescriptive system could be designed. One possible design would be to divide the "clinic" into two main components.

The first component is centered at the university and the second component is in the public school.

University Reading Clinic Component 1. Centered at the University

Students enrolled in clinic courses use the facilities of the College of Education for purposes which include adults only. These purposes include theory portions of courses, demonstrations, simulations and staffing. A materials center containing diagnostic and remedial materials is located on campus.

University Reading Clinic Component 2. Public School Training Center

A clinic center is established on a permanent basis in an elementary school.

When students are prepared to move from Component 1 to Component 2, they move into the public school clinic center and begin work with teachers and children who are designated as being in need of educational support.

The operation of this phase of the program is illustrated in the following explanation and in Diagram 1.

The second component of the clinic plan will be implemented by:

1. The Front Line Team
2. The Back-Up Team
3. The Research Team

The Front Line Team consists of those individuals who work directly with children: teacher, teacher's aide, and undergraduate students who are attempting to meet the competencies in methods courses. The role of this team is to analyze the prevailing functioning of each child and plan a course of study based on this analysis. This plan is carried out in the regular classroom. Any child who fails to progress as expected under the guidance of this team is referred to the Back-Up Team.

The Back-Up Team consists of the future reading specialists who, with their instructors and public school reading analysts, are working to establish competency in diagnosis of learning problems and in designing appropriate remedial procedures. The role of this team will be to apply these competencies to children referred to them by the Front Line Team. They will need as their objectives to further diagnose and redesign a plan that will:

1. take the child back to the classroom with a plan of remediation to be carried out by the cooperative efforts of the Front Line Team and the Back-Up Team, or

2. place the child on a short-term detour program through an Observational and Experimentation Center carried out by the Back-Up Team and followed by subsequent re-entry into the regular classroom as a plan workable for the classroom can be formulated. It is expected that the number of children requiring this detour route will be limited.

SAMPLE CASES:

Case 1. Gerry

The Front Line Team has diagnosed Gerry's current functioning and has operationalized a plan for his continued progress. Under this plan, Gerry is progressing well. Gerry would not be referred to any other team but would remain under the guidance of the Front Line Team as long as he continued to progress.

Case 2. Mike

Mike has also been diagnosed and treated by the Front Line Team. A plan of remediation has been established for him. In spite of the best efforts of the Front Line Team, Mike is not progressing. Thus, the Front Line Team refers Mike to the Back-Up Team. The Back-Up Team makes a new remediation plan for Mike and returns with Mike to the classroom to help carry out this program with the aid of the Front Line Team.

Case 3. Sarah

Sarah has also been diagnosed and treated by the Front Line Team. However, progress has been minimal and she has therefore been referred to the Back-Up Team. The Back-Up Team decides that

Sarah needs some types of diagnosis and diagnostic teaching that cannot be carried out in the regular classroom. Sarah will be assigned to the Observational and Experimentation Center for experimentation with various strategies from which a program is evolved that can be continued in the regular classroom. The Back-Up Team then returns with Sarah to the classroom to help carry out this program with the aid of the Front Line Team.

The Research Team is that group of doctoral students who would carry out research related to the clinic.

The purposes of the clinic were stated earlier in this report. It is the opinion of the individuals who conceived the plan that it does meet these purposes.

1. It fulfills the requirement of training opportunities for graduate students to diagnose, prescribe and implement treatment in a natural environment in company with the many disciplines involved in educational problems.

2. It provides opportunities for creative, innovative and research oriented experiences necessary for the highly professional person.

3. It can further serve as a model for public schools wishing to establish special services in their schools and in using available professional personnel to consolidate the efforts of the disciplines concerned with the welfare of children.

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